

TENNESSEE REGULATORY AUTHORITY  
460 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243  
**TELECOMMUNICATIONS DEVICES ACCESS PROGRAM**

**APPLICATION CHECK LIST**

**SECTION 1**

- ☐ APPLICANT NAME
- ☐ APPLICANT ADDRESS (PHYSICAL AND PO BOX IF APPLICABLE)
- ☐ APPLICANT TELEPHONE NUMBERS (DAY TIME AND EVENING)
- ☐ CONTACT PERSON (SHOULD APPLICANT NEED PERSON TO TAKE MESSAGES)
- ☐ APPLICANT SOCIAL SECURITY NUMBER
- ☐ BIRTHDATE
- ☐ STATISTICAL DATA REQUEST (OPTIONAL)
- ☐ PROOF OF RESIDENCY
- ☐ APPLICATION HISTORY
- ☐ PROOF OF INCOME
- ☐ TRAINING NEED
- ☐ APPLICATION ASSISTANCE INFORMATION

**SECTION 2**

- ☐ EQUIPMENT NEED (PLEASE MARK APPROPRIATE BOXES IN THE APPROPRIATE SECTION)

**SECTION 3**

- ☐ PROFESSIONAL CERTIFICATION

**SECTION 4**

- ☐ TERMS AND CONDITIONS OF TDAP
- ☐ MAILING ADDRESS

**PLEASE NOTE: ONLY A COMPLETE APPLICATION WILL BE PROCESSED FOR APPROVAL, PLEASE PROVIDE ALL REQUESTED INFORMATION WITH THE APPLICATION.**

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**TDAP APPLICATION**

**SECTION 1**

**1. APPLICANT NAME (LAST)** \_\_\_\_\_

(FIRST) \_\_\_\_\_, (MI) \_\_\_\_\_

**2. ADDRESS (PHYSICAL, FOR SHIPPING PURPOSES)**

\_\_\_\_\_  
NUMBER STREET

\_\_\_\_\_  
CITY ZIP CODE

**3. ADDRESS (P.O. BOX - IF AVAILABLE)**

\_\_\_\_\_  
P.O. BOX

\_\_\_\_\_  
CITY ZIP CODE

**4. TELEPHONE NUMBER**

DAY (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

EVENING (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

NAME AND TELEPHONE NUMBER OF CONTACT PERSON (IF OTHER THAN YOURSELF)

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

**5. SOCIAL SECURITY NUMBER** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**6. BIRTHDATE** \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

**7. OPTIONAL – THIS SECTION IS FOR STATISTICAL PURPOSES ONLY AND WILL NOT BE USED TO DETERMINE ELIGIBILITY FOR THIS PROGRAM.**

**ETHNIC BACKGROUND**

☐ AFRICAN AMERICAN/BLACK  
☐ CAUCASIAN/WHITE  
☐ HISPANIC  
☐ AMERICAN-INDIAN  
☐ ASIAN/ PACIFIC ISLANDER  
☐ OTHER \_\_\_\_\_

**SEX**

☐ FEMALE  
☐ MALE

**8. PROOF OF RESIDENCY**

TO BE ELIGIBLE FOR THIS PROGRAM YOU **MUST** BE A RESIDENT OF THE STATE OF TENNESSEE. PLEASE ATTACH A COPY OF ONE (1) OF THE FOLLOWING ITEMS (THE ADDRESS ON THE ITEM MUST REFLECT YOUR CURRENT STREET ADDRESS):

- STATE OF TENNESSEE DRIVERS LICENSE
- STATE OF TENNESSEE PHOTO ID
- SHOULD YOU LIVE IN AN ASSISTED LIVING FACILITY A LETTER FROM THE STAFF ON OFFICIAL FACILITY LETTERHEAD
- OTHER OFFICIAL FEDERAL OR STATE MAILING

**9. HAVE YOU SUBMITTED APPLICATION WITH THIS PROGRAM BEFORE?**

☐ YES ☐ NO IF YES, YEAR OF APPLICATION \_\_\_\_\_

**10. PROOF OF INCOME**

EQUIPMENT WILL BE DISTRIBUTED ON A FIRST COME FIRST SERVE BASIS; PRIORITY MAY BE GIVEN TO THOSE WITH THE GREATEST FINANCIAL AND/OR SOCIAL NEED. THESE FACTORS MAY ALSO BE USED TO ESTABLISH A STANDING LIST IN THE EVENT OF AN OVERWHELMING VOLUME OF APPLICATIONS. PLEASE CHECK AND ATTACH APPROPRIATE DOCUMENTATION FOR ALL APPLICABLE ITEMS.

☐ RECEIVE FEDERAL OR STATE PUBLIC ASSISTANCE **DOCUMENTATION IS REQUIRED**

☐ GROSS FAMILY INCOME **DOCUMENTATION IS REQUIRED**

☐ THE PRESENCE OF A PHYSICAL, MEDICAL AND/OR MENTAL CONDITION THAT MAY PRESENT A LIFE THREATENING SITUATION **MUST BE VERIFIED BY A PHYSICIAN IN WRITING**

☐ MORE THAN ONE PERSON IN THE HOUSEHOLD REQUIRES AN ASSISTIVE TELECOMMUNICATION DEVICE

☐ APPLICANT QUALIFIED FOR LIFELINE AND LINK-UP TELEPHONE ASSISTANCE PROGRAMS

☐ OTHER UNIQUE CIRCUMSTANCES OF SPECIAL CONSIDERATION THAT MAY NOT BE COVERED ABOVE (PLEASE EXPLAIN BELOW AND PROVIDE APPROPRIATE DOCUMENTATION)

\_\_\_\_\_

\_\_\_\_\_

**11. WILL YOU NEED TRAINING ON YOUR REQUESTED DEVICE?**    ☐ YES    ☐ NO

**12. IF ASSISTANCE HAS BEEN PROVIDED WITH THIS APPLICATION  
PLEASE COMPLETE THE FOLLOWING:**

NAME OF PREPARER \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

## SECTION 2

PLEASE CHECK THE BOXES THAT COORESPOND WITH YOUR NEED OF ASSISTIVE EQUIPMENT.

**I AM DEAF OR HARD OF HEARING AND NEED:**

- ☐ A TTY
- ☐ A TTY WITH A LARGE VISUAL DISPLAY
- ☐ A BRAILLE TTY
- ☐ A VCO PHONE
- ☐ AN AMPLIFIED PHONE

**I HAVE A SPEECH DISABILITY AND NEED:**

- ☐ A TTY
- ☐ A VOICE AMPLIFYING PHONE
- ☐ A SPEECH GENERATING DEVICE. PLEASE SPECIFY- \_\_\_\_\_

**I HAVE A MOBILITY DISABILITY AND NEED:**

- ☐ A HANDS FREE PHONE
- ☐ A HEAD SET
- ☐ A PHONE WITH MEMORY DIAL
- ☐ RECEIVER ADAPTER, TO AID IN HOLDING OR GRIP OF THE RECEIVER
- ☐ A PHONE WITH LARGE BUTTONS
- ☐ A HANDS FREE PHONE WITH SPEECH RECOGNITION
- ☐ A SPEAKER PHONE

**I AM BLIND OR HAVE LOW VISION AND NEED:**

- ☐ TACTILE MARKINGS ON THE PHONE
- ☐ BRAILLE ON THE PHONE
- ☐ A PHONE WITH MEMORY DIAL
- ☐ A PHONE WITH LARGE BUTTONS
- ☐ A PHONE WITH LARGE DISPLAY
- ☐ A VOICE ACTIVATED PHONE

**I HAVE A COGNITIVE IMPAIRMENT AND NEED:**

- ☐ A PICTURE PHONE
- ☐ A PHONE WITH MEMORY DIAL
- ☐ A PHONE WITH LARGE BUTTONS
- ☐ A PHONE WITH LARGE DISPLAY

**MY NEEDS WERE NOT EXPRESSED ABOVE. I AM IN NEED OF THE FOLLOWING (PLEASE LIST):**

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**PLEASE NOTE THAT FINAL DETERMINATION OF DEVICE DISTRIBUTION WILL BE MADE BY THE TDAP.**

### SECTION 3

## PROFESSIONAL CERTIFICATION

(THIS SECTION IS TO BE COMPLETED BY THE LICENSED CARE GIVER OF THE APPLICANT)

NAME OF APPLICANT BEING CERTIFIED

\_\_\_\_\_  
LAST FIRST MI

CONDITION OF THE PATIENT THAT JUSTIFIES APPLICABILITY FOR THE TDAP:

\_\_\_\_\_  
(I.E. DEAF, HARD OF HEARING, BLIND)

I CERTIFY THAT I AM A \_\_\_\_ LICENSED PHYSICIAN, \_\_\_\_ OTHER (EXPLAIN)

\_\_\_\_\_  
\_\_\_\_\_.

I CERTIFY THAT THE ABOVE NAMED APPLICANT HAS THE CONDITION DESCRIBED ABOVE THAT SEVERELY RESTRICTS THE USE OF A TELEPHONE WITHOUT THE USE OF

\_\_\_\_\_  
(EQUIPMENT TYPE)

NAME \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_ -- \_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ TN LIC. NO. \_\_\_\_\_

## SECTION 4

### TERMS AND CONDITIONS OF TDAP

APPLICANTS MUST BE A RESIDENT OF TENNESSEE.

APPLICANTS MUST NOT CURRENTLY HAVE AN APPROPRIATE ASSISTIVE COMMUNICATION DEVICE.

APPLICANTS MUST BE UNABLE TO USE REGULAR TELEPHONE SERVICE WITHOUT BENEFIT OF AN ASSISTIVE COMMUNICATION DEVICE.

APPLICANTS MUST HAVE A TELEPHONE LINE IN HOME.

APPLICANTS WILL BE RESPONSIBLE FOR ALL TELEPHONE BILLS, AND OTHER RELATED INCURRED CHARGES.

APPLICANTS WILL BE RESPONSIBLE FOR REPAIR AND MAINTENANCE OF THE DEVICES. THE APPLICANT MAY CONTACT THE TDAP IN THE EVENT THAT ASSISTANCE IS REQUIRED OR TO RECEIVE A TEMPORARY REPLACEMENT DEVICE.

APPLICANTS WHO MOVE RESIDENCE FROM TENNESSEE, LOSE TELEPHONE SERVICE PERMANENTLY, ABUSE THE DEVICE OR USE IT FOR ILLEGAL PURPOSES, OR NO LONGER NEED THE DEVICE; THE DEVICE(S) SHALL BE RETURNED TO THE TENNESSEE REGULATORY AUTHORITY, TDAP.

APPLICANTS WHOSE NEEDS MAY CHANGE MAY CONTACT THE TDAP COORDINATOR TO QUALIFY FOR AN EXCHANGE OF THE DEVICE(S) FOR APPROPRIATE DEVICES UPON PROPER CERTIFICATION.

ALL INFORMATION ON THIS APPLICATION IS TRUE AND I AGREE TO NOTIFY THE TDAP COORDINATOR OF ANY CHANGES.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(PARENT/GUARDIAN SIGNATURE IS REQUIRED IF THE APPLICANT IS A MINOR)

**PLEASE MAIL THE COMPLETED APPLICATION TO THE FOLLOWING ADDRESS:**

**TENNESSEE REGULATORY AUTHORITY  
TDAP**

**460 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243  
OR FAX TO (615) 741-8953**